

(1) PLACE OF BIRTH

County of Murphy

Township of

or
Inc. Town ofCity of Murphy

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child he NameFile No. - For State Registrar Only
21806

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 32ARegistered No. 57
(For use of Local Registrar)(3) SEX OF
CHILD(4) Twin
or Triplet(5) Number in
order of birth(6) Are
Parents
Married(7) DATE OF
BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME(9) PRESENT
POSTOFFICE
OF FATHER(10) COLOR
OR
RACE

(11) BIRTHPLACE

(12) OCCUPATION

(13) Number of children born to
mother, including present birth(11) AGE AT LAST
BIRTHDAY

1 5

MOTHER.

(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE

(17) BIRTHPLACE

(18) OCCUPATION

(19) Number of children of this mother
now living, including present birth(17) AGE AT LAST
BIRTHDAY

1 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(21) (Signature) Cary Coleman(22) State whether Physician or Midwife(23) Address of Physician or Midwife Murphy S.C.Give name added from a supplement-
tal report

(24) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)

(25) Filed

Aug 1819 23

(26)

C. S. S.(27) Local Registrar Murphy S.C.When there was no attending physician or midwife, then the father, householder, etc., should make this return.
If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths
before the fifth month of pregnancy.